

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
916) 445-7046



May 25, 1984

ALL-COUNTY INFORMATION NOTICE NO. 1-52-84

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) LETTER TO PROVIDERS REGARDING  
CORRECT SOCIAL SECURITY NUMBERS (SOCIAL SECURITY FORM SSA-4002C1)

The State Department of Social Services (SDSS) has been notified by the Social Security Administration (SSA) that wages for certain IHSS Individual Providers cannot be posted to their records. The wages cannot be posted because either the name or Social Security Number, as reported, do not match existing SSA records. Failure to post wages may result in lower SSA benefits to providers when they file for them.

During the week of June 18, 1984 the SDSS will be contacting those IHSS individual providers by letter (copy attached). The letter notifies providers that their wages cannot be posted and requests them to provide the SSA and their county welfare department (CWD) with the Social Security Number and name as it appears on their Social Security Card. Once the information is received, the wage record can be corrected by the SSA and CWD. CWDs are not required to complete the correction forms on behalf of the providers, nor are CWDs required to view the provider's Social Security Card.

If you have any questions concerning this notice, please contact your county IHSS Systems Management Consultant at (916) 323-0270 or ATSS 8-473-0270.

*Robert T. Sertich*

ROBERT T. SERTICH  
Deputy Director  
Administration

Attachment

cc: CWDA

SAMPLE

Mr. John Smith  
P.O. Box 125  
AnyTown, CA 94100

Dear Mr. Smith:

We have been informed by the Social Security Administration that as an In-Home Supportive Services (IHSS) provider, more than one Social Security Number or name may have been assigned to you. In order to properly post your wages and to make sure that you receive your proper Social Security benefits when you file for them, please complete the enclosed Social Security Form SSA 4002C1.

Enter the Social Security Number and name as it appears on your Social Security Card and mail the form to:

Social Security Administration  
Data Operations Center  
P.O. Box 39  
Wilkes-Barre, PA 18703

If you do not have a Social Security Number, or need to report a name change, or replace a lost card, please contact your local Social Security Office.

Once you have completed and mailed in the form(s) please contact your county welfare department IHSS Payroll Section and provide them with your correct Social Security Number and/or name change. This will ensure that your current and future IHSS provider wages will be properly posted to your Social Security record.

If you have any questions regarding the enclosed form(s), please contact your local Social Security Office.

Enclosure

# REQUEST FOR SOCIAL SECURITY NUMBER OR NAME INFORMATION

Form SSA-4002 C1(6-82) (TEST)

5-3387104331-5

You reported

John Smith

on your 1982 Wage and

Tax Statement (W-2) with Social Security number

987 65 4321

and wages of \$ 64.32

We cannot match the above name or Social Security number with our records. Look at the employee's Social Security card and enter below the name and number shown on the card. If the employee

needs to report a name change or replace a lost card, have the person contact any Social Security office. The information you furnish will help us credit the wages to the employee's record.

EMPLOYEE SOCIAL SECURITY NUMBER

NAME OF EMPLOYEE- FIRST, MIDDLE INITIAL, LAST

If the person left your employ and no new information is available, enter latest address.

EMPLOYEE'S HOME ADDRESS (Number and Street)

CITY

STATE

ZIP CODE

IHSS RECIPIENTS

\* DEPARTMENT OF SOCIAL SERVICES

PO BOX 2781

SACRAMENTO

CA 95826

94 2629822 0000  
EMPLOYER NUMBER

SSA USE ONLY

PLEASE COMPLETE AND RETURN TO:  
Social Security Administration  
Data Operations Center  
P.O. Box 39  
Wilkes-Barre, Pa. 18703